## **CUSTODIAN I**

## Supplemental Questionnaire

NAME:				
-	(Last)	(First)	(Middle Initial)	Social Security Number

Submit both parts of this completed supplemental questionnaire along with your application form. Based on your responses to this application supplement, your job related training and experience will be evaluated using a pre-determined formula. Scores from this evaluation will determine the applicant ranking and placement on the eligible list.

Please attach your responses on this sheet and submit with your application form. NOTE: Resumes, letters, and other materials will <u>not</u> be evaluated or considered by the rating panel as responses to the items in the supplement.

Part 1: ASSIGNMENT PREFERENCES								
Are you willing to accept work in the Auburn area?	Yes	No 🗌						
Are you willing to accept work in the Tahoe area?	Yes 🗌	No 🗌						
Are you willing to accept part-time work (less than 40 hours per week)?	Yes 🗌	No 🗌						
Are you willing to work on an extra help/temporary (no benefits) basis?	Yes 🗌	No 🗌						
Are you able to pass a criminal history/background investigation?	Yes 🗌	No 🗌						

## Part 2: JOB RELATED TRAINING & EXPERIENCE In the boxes to the right of each item, mark an "X" in the box that corresponds with your training/experience. **Training but** 1 – 12 13 – 24 25-36 More than 3 None months of months of months of no years of experience experience experience experience experience Sweep, mop, wax, buff and scrub floors. Vacuum and clean carpets. Clean restrooms; empty and clean waste receptacles Dust, wax, wash and polish furniture and woodwork; clean and dust books and shelves Wash windows, walls, and blinds. Inspect buildings for safety, fire and sanitary hazards. Operate a variety of electrical cleaning equipment; maintain custodial equipment and supplies. Polish metal work. Move and arrange furniture and equipment. Perform minor building maintenance or repairs of custodial related equipment. Work as a member of a crew or team

tcam.						
I certify that all the statements me best of my knowledge and are falsification of my answers may authorizes Placer County to make	made in result in	n good faith. n my ineligibi	I understand lity to contin	d that any mis ue in this recr	srepresentati uitment. My	on and/or
Signature of Applicant:				_ Date:		
Signature of Applicant:				_ Date:		